ANNEXURE– I

Rama Medical College Hospital & Research Centre, Mandhana, Kanpur

CONSENT FORM

I .....son/daughter/wife of.....exercising my free power of choice, hereby give my consent to be included in the study "A STUDY ON EFFECT OF VITAMIN-C AS ADD ON THERAPY WITH ORAL ANTIDIABETIC DRUGS IN NEWLY DIAGNOSED TYPE 2 DIABETES MELLITUS PATIENTS AND ITS ASSOCIATION WITH SOD2 GENE POLYMORPHISM"

I hereby give my consent for information related to me to be reported in the research study.

I understand that my name and identity will be concealed.

(To be explain in detail in native language)

सहमतिफार्म

मैं/son..... पुत्री/पत्नी/ .....स्वयंइसअध्ययनमेंभागलेनारहींहूं I
मैंस्वयंमुझेसेसंबंधीसूचनाइसअध्ययनकार्यमेंप्रकाशितकरनेकीसहमतिदेतीहूं I
मैंसमझतीहूंकिमेरापहचानगोपनीयरखीजाएगी।

एकबारहस्ताख्ररकेपश्चातमैंसहमतिरद्दनहींकरसकतीहूं I

सहभागी

नाम:.....

हस्ताख्रर/अगुठेकानिशान:.....

दिनाक:.....

ANNEXURE-II

PROFORMA FOR PATIENT INVESTIGATIONS

- OPD NUMBER:
- NAME: S/O
- AGE:
- ADDRESS:
- SEX:
- GENERAL PHYSICAL EXAMINATION:
- HEIGHT:
- WEIGHT:
- BMI:
- B.P:
- NUMBNESS: YES/NO
- CRAMPS:
- BURNING SENSATION:
- MUSCLE WEAKNESS:
- URINE VOLUME: (NORMAL/INCREASED/DECREASED)
- SWELLING: YES/NO
- GENERAL INFORMATION FROM PATIENT:
- DURATION OF DIABETES:
- ANTIDIABETIC TREATMENT: INSULIN/DRUGS
- FAMILY HISTORY:
- APPETITE:

- SLEEP:
- NON HEALING ULCERS: (YES/NO)
- SKIN PROBLEMS: (YES/NO)
- CATARACT:
- SWEATING:
- EDEMA:
- ORAL CAVITY PROBLEM:
- RECURRENT UTI:
- SURGICAL HISTORY:
- THIRST:
- NAUSEA:
- CARDIAC PROBLEMS:
- FREQUENCY OF URINE:
- OTHER MEDICATION: